(X3) DATE SURVEY

Division of Health Care Facilities

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 4347 LEBANON ROAD HERMITAGE, TN 37076 PAUD (EACH DEFICIENCY MUST BE PRECEDED BY PULL PHEERIX TAG.) N 000 Initial Comments Completed on 1/7/20 at McKendree Village. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED	
NAME OF PROVIDER OR SUPPLIER MCKENDREE VILLAGE MAYAT LEBANON ROAD HERMITAGE, TN 37076 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY BUST BE PERCEDIENCES) TAG SUMMARY STATEMENT OF DEFICIENCY BUST BE PERCEDIENCES (EACH DEFICIENCY MUST BE PERCEDIENCES) TAG N 0.000 Initial Comments Complaint investigation #49901 and #50083 was completed on 1/7/20 at McKendree Village. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.			TN1934				
CA-1 ID SUMMARY STATEMENT OF DEFICIENCIES TABLE TABLE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4347 LEBANON ROAD						
Complaint investigation #49901 and #50083 was completed on 177/20 at McKendree Village. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE		(X5) COMPLETE DATE
	N 000	Complaint investiga completed on 1/7/2 deficiencies were ci	0 at McKendree Village. No ted under Chapter 1200-8-6,	N 000			

(X2) MULTIPLE CONSTRUCTION

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE